

**DEPARTMENT OF SOCIAL AND HEALTH SERVICES
MEDICAL ASSISTANCE ADMINISTRATION
Olympia, Washington**

To:	Family Practice Physicians Managed Care Plans	Memorandum No: 05-45 MAA Issued: July 26, 2005
From:	Douglas Porter, Assistant Secretary Medical Assistance Administration (MAA)	For Information Call: (800) 562-6188
Subject:	Family Practice Physicians: Targeted Vendor Rate Increase for Family Practice Physicians in Rural Counties Who Perform Fee-for-Service Maternity Deliveries	

Effective for dates of service August 1, 2005 – June 30, 2006, the Medical Assistance Administration (MAA) will implement a targeted vendor rate increase for Family Practice physicians in rural counties who perform fee-for-service maternity deliveries. This increase was appropriated by the legislature.

Delivery Add-on Payment

In MAA's fiscal year 2006 budget, the Legislature appropriated a maternity delivery add-on payment of \$194.00 per delivery for Family Practice physicians whose practices are located in a rural county.

MAA will not reimburse an assistant surgeon or co-surgeon for the enhanced delivery add-on payment. Reimbursement is limited to one per client, per pregnancy.

Payments beginning August 1, 2005, are limited to those providers detailed above who bill MAA directly for fee-for-service deliveries. Additional payments for those providers who contract with managed care plans will be implemented on or around January 1, 2006, and will be detailed in a later memorandum.

Which Washington Counties are Considered Rural?

Revised Code of Washington (RCW) 43.160.030 defines a county with a population density of fewer than 100 persons per square mile as rural. Using population-per-square-mile data from the Office of Financial Management (OFM), **the following Washington counties *do not* meet the definition of a rural county:**

- Clark;
- Island;
- King;
- Kitsap;
- Pierce;
- Snohomish;
- Spokane; and
- Thurston.

Family Practice physicians practicing in a county other than one of those listed above are eligible to bill MAA for the delivery add-on payment.

How do I bill MAA for the Delivery Add-on Payment?

Family Practice physicians must bill MAA for the delivery add-on payment by attaching **modifier QB** to the appropriate delivery procedure code (e.g., 59400 QB). Attach modifier QB to the delivery code you are using to bill for the actual delivery.

Modifier QB: Physician providing service in rural HPSA
(*Health Professional Shortage Area*).

Bill only *ONE* line of service (e.g., 59400 QB) to receive payment for BOTH the delivery and the rural physician delivery add-on payment. *DO NOT* bill the delivery code (e.g., 59400) on one line of the claim form and the rural physician delivery add-on (e.g., 59400 QB) on a second line of the claim form.

In addition, if the delivery is also high-risk and you are billing the high-risk add-on payment using modifier TG with the delivery code, you must attach ***both*** modifiers TG and QB to the delivery code on ***one*** line (e.g., 59400 TG QB). MAA will make additional payments for the high-risk add-on ***and*** the rural physician add-on in addition to the payment for the delivery itself.

Diagnosis Reminder

MAA requires valid and complete ICD-9-CM diagnosis codes. When billing MAA, use the highest level of specificity (4th or 5th digits when applicable) or the service(s) will be denied.

How can I get MAA's provider issuances?

To obtain DSHS/HRSA provider numbered memoranda and billing instruction, go to the DSHS/HRSA website at <http://hrsa.dshs.wa.gov> (click *the Billing Instructions and Numbered Memorandum* link). These may be downloaded and printed.